

CONSIDERING HOME BIRTH



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THERE ARE MANY FACTORS TO CONSIDER WHEN DECIDING WHETHER OR NOT TO GIVE BIRTH AT HOME.

TRENDS IN CHILDBIRTH CARE

At the turn of the century, most babies were born at home. Rapid social and medical changes altered this pattern of childbirth. By 1937, 55.4% of the births in Utah occurred in a hospital. Since 1950, greater than 98% of the births in Utah have been in the hospital and the injury and death rates for mothers and babies have steadily declined. Women felt more secure in the knowledge that they and their newborns could survive the experience of childbirth. With this new security, they demanded more from

their experience than simple physical well-being. Families wanted to plan the birth experience so that they could have a sense of emotional well-being.

In the 1960's and 1970's, questions were raised by families and care providers about the benefits, risks and alternatives to high technology, institutionalized and sometimes impersonal medical care. The "back to nature" movement impacted childbirth and more women considered home birth.

Many hospitals in Utah have responded to these requests for more family centered maternity care. Generally there has been some loosening of rules, fewer routine procedures, and an effort to increase time mothers and babies spend together.

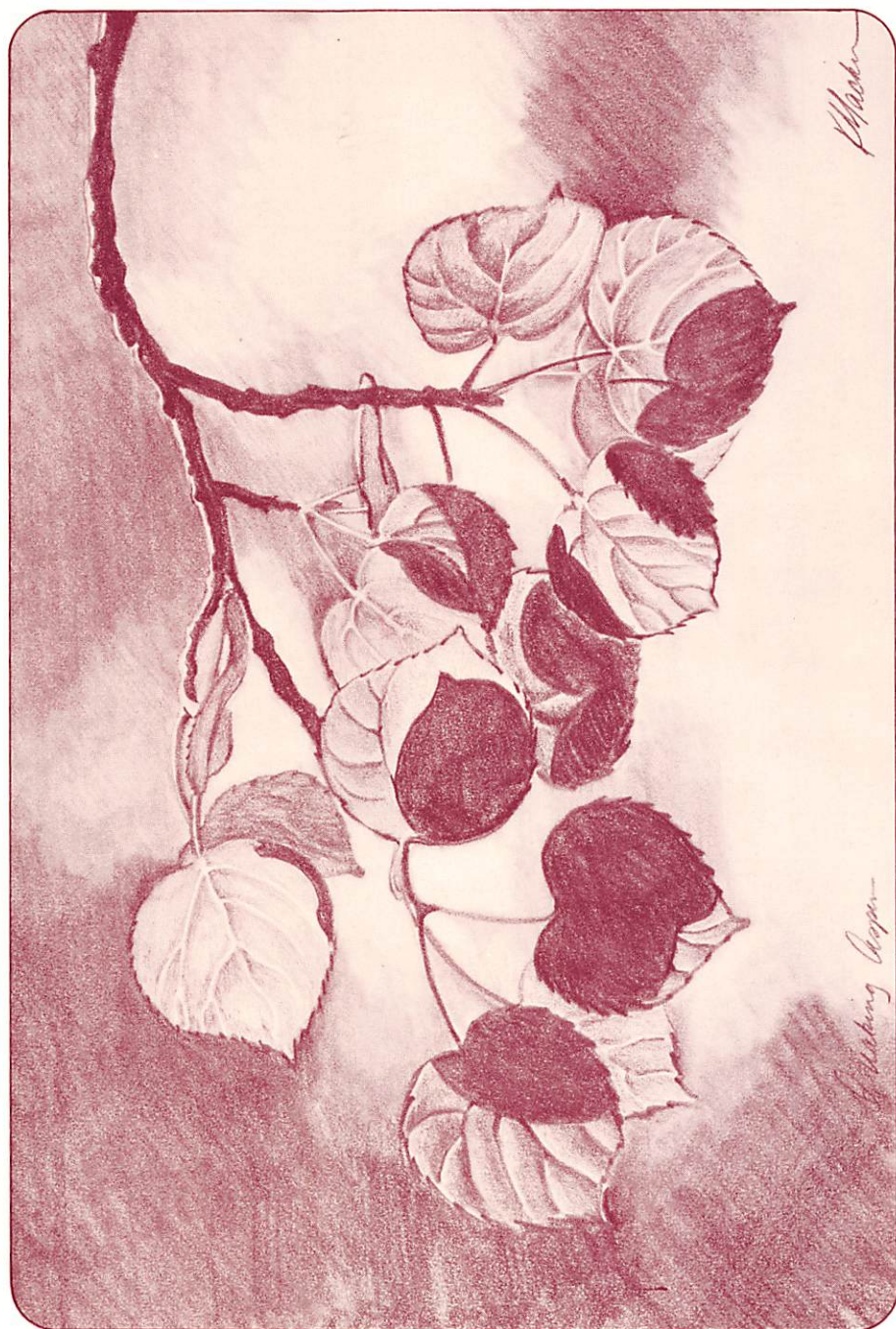
In some hospitals, "birthing rooms" have been developed where (in the care of a physician or certified nurse-midwife) a woman can labor, give birth, recover and return home without being separated from her family. Each family is encouraged to discuss their needs and make plans with their care provider.

The State of Utah now has standards for out-of-hospital birthing centers. Licensed out-of-hospital birthing cen-

ters which comply with these standards are a safe alternative to home birth. These centers are available in a few locations. A family giving birth in one of these centers has all the benefits of prenatal care, screening for and management of complications and emergencies. A woman is assured of the support of her family, unrestricted contact with her baby, expanded educational programs and follow-up care.

ADVANTAGES AND DIS- ADVANTAGES TO HOME BIRTH

An advantage to giving birth at home is that you have the opportunity to plan and control your environment. While you need to consider the usual practices of your home birth attendant,



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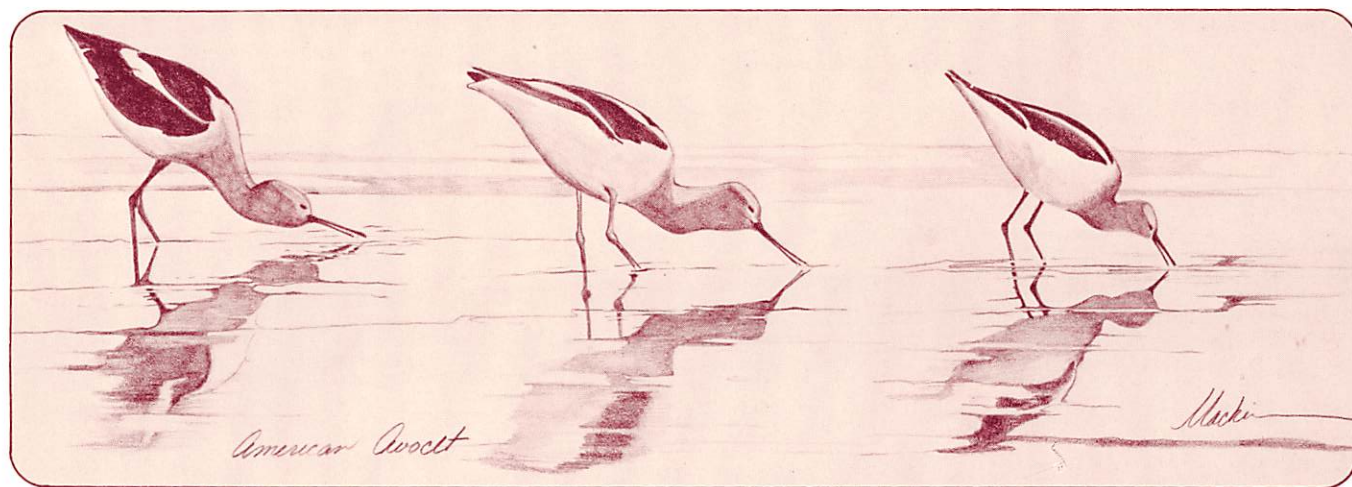
there is usually a little more freedom of choice. You can have all the family and friends there that you want. You can keep the baby with you.

The major disadvantage of home birth is that in gaining some control over your environment, you may lose control over the quality of prenatal and emergency care management. Some of the situations which present problems to home birth families may not be recognized or managed well by unqualified home birth attendants. Examples of these are:

- the subtle beginning of "toxemia" of pregnancy (high blood pressure, protein loss in the urine, and swelling)
- hidden bleeding into the uterus during pregnancy or labor
- uncertain due dates resulting in the baby being born unexpectedly early or late
- signs that the unborn child is in a position which makes birth hazardous
- unrecognized or prolonged rupture of the bag of waters

- difficulty getting the baby to breathe after it is born
- life threatening birth defects in the baby
- unrecognized injuries in the birth canal
- severe blood loss from the mother following the birth

At present, few physicians or certified nurse-midwives will participate in home births. Unlicensed home birth attendants have limited access to medication to control severe bleeding in the mother. They may not have equipment and oxygen to help a new baby begin breathing and the "know how" to react properly to these emergencies. The result can be serious complications for either the mother or baby or both. While acknowledging that these situations do not occur often in a normal mother, if it happens to you or your baby, it can be devastating. These problems cannot always be predicted in advance.



COST CONSIDERATIONS

The rising cost of care is a central issue in the discussion of home birth. The expense of medical care for labor and birth, newborn care and a hospital stay may be beyond the means of

some families. Insurance or welfare may pay for those who qualify but the families who pay "out-of-pocket" are stressed by these costs. Unlicensed home birth attendants frequently charge fees for their services. Their fees

are usually lower and occasionally may be paid in an exchange of goods or services.

Birthing rooms, short stay programs in hospitals, and out-of-hospital birthing centers are usually less expensive. Some physicians and certified nurse-midwives will charge at reduced rates or accept payments spread out over a period of time.

You may lower your costs by cooperating with your care providers' advice and maintaining your health — complications cost money. You may prepare yourself for the birth so that little or no medication for pain relief is required. By leaving the hospital as soon as possible you will reduce the cost.



EVALUATING THE RISKS

Some studies on home birth have reported favorable outcomes for both mothers and babies. However, the majority of studies have indicated increased injury and death rates for

both. There are limitations in both the favorable and unfavorable reports. These limitations involve the way the information was obtained and the ability to apply those conclusions to other people under different circumstances. Therefore, you must assess your own risk for problems if you give birth at home. Some factors which may add to your risk status include:

- your own health and the outcome of previous pregnancies.
- how your current pregnancy is progressing
- the amount, timing and quality of the prenatal care you receive
- the education and experience of the care provider you select
- the quality and availability of emergency services

RISK STATUS CHECK-LIST

If you fit into one or more of these categories, you are at **increased risk** for problems that can threaten the

health and well-being of yourself and your baby.

- chronic medical conditions (such as high blood pressure, heart or kidney disease, diabetes, lung disease, etc.)
- Rh negative blood type
- age 17 or under, or over age 35
- first pregnancy, or your fifth or more. Less than 12 months since your last delivery
- past history, or current use of alcohol or drugs that may damage the baby
- crowded or unsafe living conditions. Low socio-economic status (poverty).
- Lack of an emotional support system
- moderately overweight or underweight for height
- previous surgery on your uterus or cervix including Cesarean childbirth
- previous pregnancy resulting in a damaged, stillborn or premature infant. Previous infant weighing more than 9 pounds or less than 5 pounds. Family history of birth defects
- delayed or inadequate prenatal care (care began after the first 3 months of pregnancy, received fewer than 6 visits)
- health problems discovered upon physical examination or on laboratory tests

CHILDBIRTH AND COMMUNITY HEALTH

If you give birth in the hospital or at a licensed out-of-hospital birthing center, the staff will explain and provide the following health promotion measures. If you give birth at home, and your care provider does not arrange for these services, you will need to contact your local hospital or health department for assistance.

Newborn eye prophylaxis — Utah law requires medicated drops to be placed in the baby's eyes to prevent blindness that may be caused by bacteria acquired as the baby passes through the vagina during the birth.

Vitamin K — An injection of this necessary vitamin is given to the baby soon after birth. This vitamin, which the baby cannot make for itself for several days, is given to prevent abnormal bleeding.

Newborn Metabolic Screening — Utah law requires a blood test to be done on the baby (at about three

days and three weeks of age) to detect several rare diseases which, if not treated early, cause mental retardation.

Rh Immune Globulin — An injection of Rh immune globulin is given to Rh negative women during pregnancy and after delivery if their newborn infant is Rh positive. This will prevent the formation of antibodies in the mother's blood that can destroy the red blood cells of any future Rh positive infants that the mother may have.

Registration of the Birth — Utah law requires that those present at a delivery must register the birth by filling out a birth certificate. A birth certificate is necessary to prove age and citizenship in many circumstances.

MAKING YOUR OWN DECISION

If you are making a decision regarding home birth, we encourage you to go through the following steps:

1. Contact the nurse in charge of the maternity unit of your local hospitals and licensed out-of-hospital birthing centers. Ask them about their services.

2. *The Utah State Department of Business Regulation has information on all licensed care providers in the State. Contact several care providers licensed to give care to mothers and babies (medical doctors and certified nurse-midwives) and ask them about their services. Discuss your specific concerns with them.*

3. *Learn about normal pregnancy and childbirth and some of the problems that can occur. Information can be obtained from your local library, licensed care providers in your area, or your local health department.*

4. *Know the risks to yourself and your newborn, based on the facts you have and your own situation. You may use*

the "risk status checklist" included in this pamphlet to assist you in this process. Please contact a licensed care provider in your area to obtain a physical examination, necessary laboratory tests, and a complete risk status evaluation.

5. *If you are interested in an unlicensed homebirth attendant, ask them about their skills, knowledge, and what they will do for you in emergency situations. Try to document these qualifications and emergency services. An appointment should be made to meet with whomever provides emergency services. Also you will want to know that complete records of your care are available if you need to go to a hospital.*

References available upon request.

FOR MORE INFORMATION CONTACT:

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